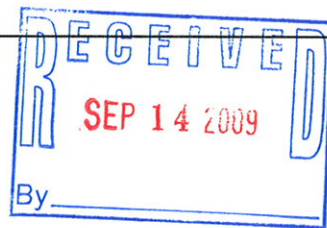


**STATE OF DELAWARE**  
**SINGLE POINT OF CONTACT – SPOC**  
**INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS**  
**Office of Management and Budget**  
Haslet Building, 3<sup>rd</sup> Floor, Dover, Delaware 19901  
(302) 739-4206



ARRA-#1

1. STATE APPLICATION IDENTIFIER:

**S9-07-14-02**

SPOC use ONLY

Month

09

Reviewer

KR

CC's

R

2. Applicant Project Title: **BASIC SUPPORT, RECOVERY ACT**

3. Applicant Department: **Health & Social Services**

4. Applicant Division/APU: **Visually Impaired (35-08-01)**

5. Applicant Address: **1901 N. Dupont Highway, Biggs Bldg., New Castle, DE 19720 SLC: H150**

6. Contact Person: **Robert L. Doyle, III**

7. Contact Person's Phone Number: **(302) 255-9800**

8. Signature of Secretary or Agency Head (for state agencies) or Chief Administrator (for all other applicants)

Robert L Doyle, III, Designee for Secretary Rita M. Landgraf

9. Federal Grantor Department: **U.S. Department of Education**

10. Federal Sub-Agency: **Office of Special Education and Rehabilitative Services**

11. Federal Contact Person: **Carol Dobak**

12. Phone Number: **(202) 245-7325**

13. Address: **400 Maryland Avenue, SW, PCP, Room 5073, Washington, DC 20202-2800**

14. Federal Program Title:

***Rehabilitation Services – Vocational Rehabilitation Grants to States, Recovery Act***

15. FEDERAL CATALOG NO:  
(CFDA)

**84 390**

16. Project Description:

*To provide a coordinated set of activities to facilitate positive employment outcomes to individuals identified as visually impaired and meeting the criteria of significantly or most significantly disabled who require services to prepare for, obtain, or retain employment. Services include assessment, diagnosis, vocational evaluation, vocational rehabilitation counseling, physical and mental restoration, rehabilitation technology, educational/vocational training, and job placement.*

17. Will funds be utilized for any technology initiatives? ☐ Yes ☒ No If so, Business Case Number and brief project summary:

18. Measurable Objectives:

a. What were last year's objectives?

**N/a**

b. Were these objectives met? (If not, please explain why)

**N/a**

c. What are this year's objectives?

1. **24 individuals will be successfully employed in competitive settings** 2. **Contract Consultant to research feasibility for setting up incubators to facilitate self employment outcomes**

(If more space is needed, please attach a separate sheet of paper)

9/14/09

19. Grant Period:  From: 02/17/2009  To: 09/30/2010	20. How many years has this project been funded:  0	21. If the project was funded last year, how much federal money was awarded?  \$0
---	---	---

22. Source of funding for this application:	Dollars
a. Federal grant	\$270,000
b. Other federal funds (Specify source of funding)	
c. Required state contribution 35-08-01 (Specify source of funding)	
d. Discretionary state contribution (Specify source of funding)	
e. Required local contribution (Specify source of funding)	
f. Other non- federal funds (Specify source of funding)	
TOTAL	\$270,000

23. Budget by cost category and source:	Federal Funds	State Funds	Other Funds	Total Funds
Salaries & Fringe Benefits				
Personal or Contractual Services	270,000			270,000
Travel				
Supplies & Materials				
Capital Expenditures				
Audit Fees				
Indirect Costs				
Other				
TOTAL	\$270,000			\$270,000

24. How many positions are required for the project? (Exclude casual/seasonal employees) N/A			
Breakdown of position(s)	Authorized in State Budget	New Positions Required	Total
Paid for out of federal funds			
Paid for out of General Funds			
Paid for out of state special funds			
Paid for out of bond/local/other funds			
TOTAL			

25. PLEASE NOTE: On a separate piece of paper, please give position number, grade, yearly salary and percent of funding (federal, state, local, other) and the full-time equivalent for all positions required. Please identify the new positions by placing an asterisk before the position title. If this grant funds positions within other departments, divisions and/or offices, please list them. If a position has been reallocated to or from another grant please indicate the grant source.
---